_		DL					•	``				
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2001  Application or Docket Number											ber /	
CLAIMS AS FILED - PART I (Column 1) (Column 2)									VIIIV	OR	OTHER SMALL	
TOTAL CLAIMS			23				RA	JE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BAS	BASIC FEE 370.00		OR	Basic Fee	740.00
TOTAL CHARGEABLE CLAIMS			24 minus 20=		• 3		X\$	X\$ 9=		OR	X\$18=	54
INDEPENDENT CLAIMS			5 minus 3 =		0		X	X42=		OR	X84=	
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT				41	+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2										OR	TOTAL	194
TOTAL TOTAL												THAN
	(Column 1) (Column 2) (Column 3)							ALL	ENTITY	OR	SMALL	ENTITY
NTA		CLAIMS FIEMAINING AFTER AMENDMENT		PREV	EST BER OUSLY FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	· 23	Minus	* 6	13	=	X\$	8=		OR	X\$18=	
ME	Independent	• 2	Minus	(	3	•	X4	2=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							10=		OR	+280=	
	7-505 (Column 1) (Column 2) (Column 3)									OR	TOTAL	
										IO.	ADOIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENOMENT		HIGH NUM PREVI	HEST HEER HOUSLY FOR	PRESENT EXTRA		TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 23	Minus	**	23	• /	XS	9=		OR	X\$18=	
	Independent	• 3	Minus		3	- /	] ×	2= .		OR	X84= /	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							10-	·		±280=	
								OTAL		OR OR	TOTAL	
								. FEE		10 <u>17</u> /	ADDIT. FEE	L
T.		(Cotumn 1) CLAIMS		HIG	mn 2) HEST	(Column 3)	<b>1</b> —	-	ADDI-	ì		ADDI-
AMENDMENT C		REMAINING AFTER AMENDMENT		PREV	IBER IOUSLY FOR	PRESENT. EXTRA	R/A	TE	TIONAL FEE		RATE	TIONAL
Ş	Total	•	Minus	••		-	X	9=		OR	X\$18=	
AME	Independent	+	Minus	MA TOPEN	T C' AC	*	X4	2=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140=								OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write 'U' in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20.* ADDIT. FEE  OR  TOTAL ADDIT. FEE												

FORM PTO-878 (Rev. 8/01)

Patient and Tradement Office, U.S. DEPARTMENT OF COMMERCE

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "O' in column 3.

\*\* If the Triighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*The Triighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The Triighest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriat box in column 1.